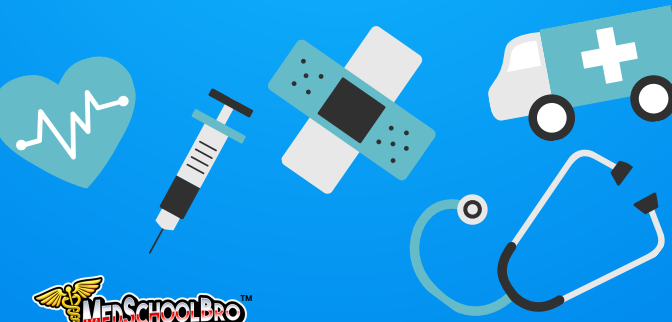
THE

OSCE

MEDICAL REFERENCE POCKET GUIDE

2024 EDITION



MEDSCHOOLBRO™

EXAMINATION TABS

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INITIAL STEPS

MUST complete before commencing any exam

- [x] 1. HAND HYGIENE
- [x] 2. INTRO & INSTRUCTION
- [x] 3. CONSENT
- [x] 4. GENERAL OBSERVATIONS
  - Respiratory status
  - Body habitus
  - Vital charts
  - Environmental cues

1 INTRODUCTION

i) Introduce yourself
ii) Identify patient
iii) Explain purpose
iv) Gain consent

2 PRESENTING COMPLAINT (PC)

i) Identify main concern (signs, symptoms, etc.)

3 HISTORY OF PC

Site → Where exactly is the pain?
Onset → What were they doing when the pain started?
Character → What does the pain feel like?
Radiates → Does the pain go anywhere else?
Associations → e.g. nausea/vomiting
Time → How long have they had the pain?
Exacerbating → Anything make pain better/worse?
Severity → Obtain an initial pain score

4 PAST MEDICAL HISTORY

i) Surgical History
ii) Existing conditions
iii) Allergies
iv) Medications (dosage + freq)

5 FAMILY HISTORY

i) Known genetic conditions
ii) Common conditions in the family (i.e. diabetes)
iii) Ask about health of parents, siblings, etc.

6 SOCIAL HISTORY

i) Smoking & Alcohol
ii) Illicit drug use
iii) Diet & Activity
iv) School/work/hobbies
v) Living arrangements
vi) Ask about driving

7 SYSTEMS REVIEW

i) Ask questions covering other systems

8 SUMMARY

i) Summarize & repeat complete history
ii) Clarify if you missed any details
iii) Ask patient for any final questions & thank them

Hx

MALE SEXUAL HISTORY

i) Testicular swelling/pain
ii) Itching/sore genital skin
iii) Skin lesions
iv) Urethral discharge
v) Dysuria
vi) Systemic symptoms

FEMALE SEXUAL HISTORY

i) Abdominal/pelvic pain
ii) Vaginal bleeding/discharge
iii) Dyspareunia
iv) Vulva changes/itches
v) Systemic symptoms
vi) Menstrual history
vii) OB history
viii) GYN history

BOTH

i) Last sexual contact
ii) HIV risk assessment
iii) Focused PMHx
iv) Travel history

SYSTEM REVIEW QUESTIONS

- Chest pain
- SoB
- Palpitations
- Syncope
- Leg pain or swelling

- Cough (blood)
- Unusual phlegm production
- Wheeze

- Loss of consciousness
- Headaches
- Change in vision
- Weakness/ numbness
- Dizziness

- Nausea/vomiting
- Difficulty swallowing
- Abdominal pain
- Heartburn
- Change in bowel habits

- Muscle/joint/bone
- Pain/swelling/stiffness
- Unusually dry mouth/eyes

- Fever
- Excess sweating
- Weight loss/gain
- Skin changes (rash)
- Fatigue

1 SPECIFIC OBSERVATIONS

i) Cyanosis
ii) Pallor
iii) Malar flush
iv) Shortness of breath
v) Edema
vi) Specific cues (ECG, Meds, IV)

2 HANDS

IE = Infective Endocarditis

i) Clubbing
ii) Palmar crease pallor
iii) Tar stains
iv) Xanthomata
v) Capillary refill time (< 2 secs)
vi) Signs of IE
- Janeway lesions
- Osler nodes ("O"uch)
- Splinter hemorrhages

3 PULSE & BP

i) Radial Pulse (rate, rhythm, strength)
ii) Radial-Radial delay & Radial-Femoral delay
iii) Take BP

4 NECK

i) Carotid (palpate & auscultate) ONE AT A TIME
ii) JVP (45°, head left, sternal angle, < 4cm)

5 FACE

i) Eyes (conjunctival pallor, xanthalasma)
ii) Mouth (central cyanosis, high-arched palate, angular stomatitis, dental/gum hygiene)

6 CHEST

i) Inspect (wall deformities, scars, pulsations)
ii) Palpation (apex, heaves, thrills)
iii) Auscultate (APTM #2245)
iv) Maneuvers + listen to M with bell
- Left lateral decubitus ➡ mitral regurgitation
- Lean forward + breathe out ➡ friction rubs

7 BACK

i) Inspect & Palpate (sacral edema)
ii) Auscultate lung fields

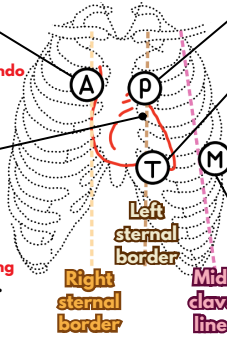
8 LEGS

i) Inspect (trophic changes, varicose veins, swelling)
ii) Palpate (pedal edema, temperature, pulses)

CVS

AUSCULTATION

A2 = **A**ortic 2nd ICS
P2 = **P**ulmonic 2nd ICS
T4 = **T**ricuspid 4th ICS
M5 = **M**itral 5th ICS



Aortic

- Aortic stenosis
  - ↳ crescendo-decrescendo
  - ↳ systolic

Erb's Point

Systolic
- HOCM

Diastolic
- Aortic regurg.
  - ↳ decrescendo/blowing
- Pulmonic regurg.

Pulmonic

- Pulmonic stenosis
  - ↳ systolic ejection

Tricuspid

Systolic
- Tricuspid regurg.
- VSD

Diastolic
- Tricuspid stenosis
- ASD

Mitral

Systolic
- Mitral regurg.
  - ↳ holosystolic

Diastolic
- Mitral stenosis
  - ↳ opening snap

RULES FOR MANEUVERS

Inspiration ↑ **r**ight-sided murmurs

Expiration ↑ **l**eft-sided murmurs

Except HOCM & MVP

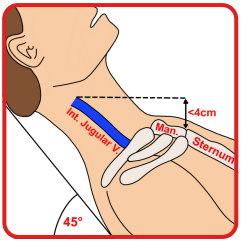
INC Preload/Afterload ↑ ALL murmur intensity

Squatting	Leg Raise	Hand Grip	Valsalva
INC Preload	INC Preload	INC Afterload	DEC Preload

- Blood Pressure
- Urine Dipstick
- 12-lead ECG
- Troponins (MI)

Scan to listen!

JUGULAR VENOUS PRESSURE (JVP)



i) Patient at 45°, turn head to left
ii) Look for JVP (between medial end of clavicle under the medial sternoclemastoid)
iii) Measure vertical distance between the sternal angle & top pulsation point
iv) Normal < 4cm

BLOOD PRESSURE

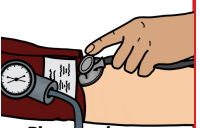
1

Twist air release valve all the way to right to close it off

2

Wrap cuff above elbow with arrows pointing to brachial artery

3



Place stethoscope head on brachial artery & find pulse

4

Inflate cuff to ~160° (until pulse is no longer present)

5

Slowly release the valve & listen closely

6

1st "thud" = Systolic P
Sound absent = Distolic P

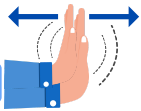
SYMPTOMS	POTENTIAL Dx
Cold + white + painful limbs	Acute limb ischemia
C/P + neck, jaw or L-arm pain	Acute coronary syndrome
Impending sense of doom	Cerebral hypoxia
Unilateral leg swelling	DVT (risk of PE)
Sudden onset throbbing C/P radiating to scapula	Thoracic AA
Syncope/Presyncope on exertion	Aortic Stenosis

1 SPECIFIC OBSERVATIONS

i) Cyanosis
ii) Pallor
iii) Edema
iv) Shortness of breath
v) Cough, wheeze, or stridor
vi) Surroundings (O_2, sputum, cigs)

2 HANDS

i) Clubbing (schamroth window test)
ii) Skin changes (bruising, thinning, tar stains)
iii) Capillary refill time (< 2 secs)
iv) Tremor (fine & flapping/asterixis)



3 PULSE

i) Radial Pulse (rate, rhythm, strength)
ii) Respiratory rate

4 NECK

i) JVP (45°, head left, sternal angle, < 4cm)
ii) Trachea (position, cricosternal distance)

Normal = 3-4 fingers

5 FACE

i) Eyes (conjunctival pallor, xanthalasma, Horner's)
ii) Mouth (central cyanosis, oral candidiasis)

6 ANTERIOR CHEST

i) Inspect (wall deformities, scars, pulsations)
ii) Palpation (apex, chest expansion, RV heave)
iii) Percuss (supra/infra clavicular, chest wall, axilla)
iv) Vocal Resonance (say "99")
v) Auscultate (deep breaths in + out through mouth)

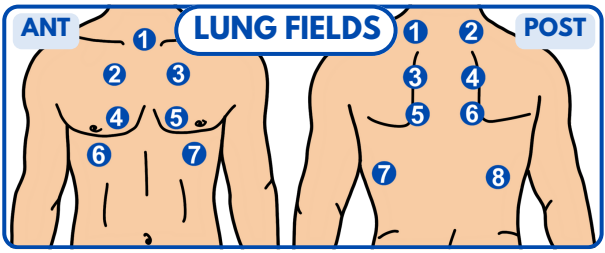
7 BACK

pt cross arms + lean forward

i) Inspect (wall deformities, scars, recessions)
ii) Percuss (anterior/middle/lower lobes)
iii) Vocal Resonance (say "99")
iv) Auscultate (deep breaths in & out through mouth)

8 LEGS

i) Inspect (signs of DVT, erythema nodosum)
ii) Palpate (pedal edema, temperature, pulses)



Wheeze

"Whistle"

High pitched "musical flute"

Asthma & COPD

Stridor

"Squeaky Do(o)r"

High pitch inspiratory squeak

Upper airway obstruct, croup

Crackles

"Crackle-Pop"

Fluid crackly/bubbly sound

Pulmonary edema, CHF

Rhonchi

"Rumble"

Low pitched rattle or rumble

Bronchitis, COPD, Pneumonia

Friction Rub

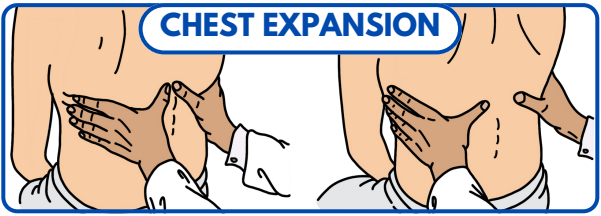
"Cat Scratch"

High pitched scratchy sound

Pleurisy, pericarditis

Scan to listen

CHEST EXPANSION



i) Position your hands **beneath** the nipples
ii) Wrap fingers around the chest & bring thumbs together at **midline**
iii) During patient's deep breath, observe:
- ➡ symmetrical upward/outward movement during **inspiration**
- ➡ downward/inward movement during **expiration**

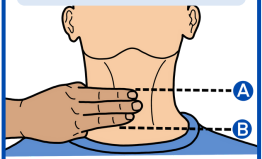
RES

TRACHEAL PALPATION

RES

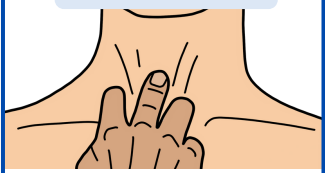
RES

Cricosternal Distance



➡ Normal = 3-4 fingers
A = cricoid cartilage
B= suprasternal notch

Trachea Position



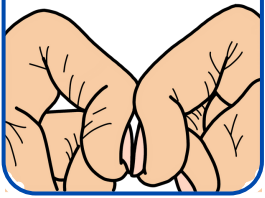
i) Dip finger into thorax beside trachea
ii) Apply side pressure to locate border
iii) Compare space on both sides

Interpretation:

- **Midline =** normal position
- **Away =** tension pneumothorax, large pleural effusion
- **Towards =** lobar collapse, pneumonectomy

SCHAMROTH'S

Clubbing = NO window



PERCUSSION

keep middle finger flat!

- **Resonant =** normal tissue
- **Dull =** fluid (i.e. pneumonia, atelctasis, edema)
- **Stony Dull =** pleural effusion
- **Hyperresonant =** pneumothorax, COPD

- Chest X-Ray
- ABG
- Sputum Sample
- Spirometry

SYMPTOMS → POTENTIAL Dx

SYMPTOMS	POTENTIAL Dx
Hemoptysis	TB, Lung cancer, PE
Weight loss	Lung cancer, COPD (end stage), Cor pulmonale
Sudden onset C/P	Spontaneous pneumothorax, PE
Sudden onset dyspnea	Spontaneous pneumothorax, PE
Sudden onset stridor	Anaphylaxis, foreign object, acute epiglotitis

1 SPECIFIC OBSERVATIONS

i) Confusion
ii) Pallor
iii) Jaundice
iv) Abdominal distention & ascites
v) Hyperpigmentation
vi) Specific cues (stoma & drains)

2 HANDS

i) Clubbing
ii) Palms (pallor, erythema, Dupuytren's contracture)
iii) Nails (koilonychia, leukonychia)
iv) Tremor (flapping tremor/asterixis)

3 PULSE

i) Radial Pulse (rate, rhythm, strength)
ii) Respiratory rate

4 ARMS & AXILLA

i) Bruising, spider nevi, stretch marks)
ii) Axilla (acanthosis nigricans, hair loss)

5 FACE

i) Eyes (conjunctival pallor, jaundice, Kayser-Fleischer)
ii) Mouth (stomatitis, glossitis, candidiasis, ulcers)

6 NECK & CHEST

i) Neck (lymphadenopathy & left supraclavicular node)
ii) Chest (spider nevi, gynecomastia, hair loss)

7 ABDOMEN

i) Inspect (scars, distention, striae, Cullen's/Grey Turn)
ii) Palpation (9 quadrants: superficial ➡ deep)
iii) Liver: Palpate & Percuss (RIF ➡ Rt. costal margin)
iv) Spleen: Palpate & Percuss (RIF ➡ Lft. costal margin)
v) Ballot kidneys (push fingers together on breath in)
vi) Palpate aorta (width < 3cm)
vii) Shifting dullness (percuss Umbilicus ➡ Lft. flank)
viii) Auscultate (bowel sounds, aortic & renal bruits)

8 LEGS

i) Palpate (pitting edema)

GIT

9 QUADRANTS

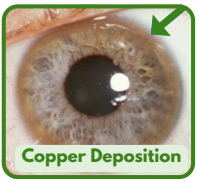
Right Hypochondriac	Epigastric	Left Hypochondriac
Hepatitis Cholecystitis Cholengitis Gallstones	Gastritis GERD Pancreatitis Peptic Ulcer	Pancreatitis Splenic Infarct / Rupture
Right Lumbar	**Umbilical**	**Left Lumbar**
Kidney stones Pyelonephritis Colitis	Apendicitis (early) Gastroenteritis Ruptured AAA SBO	Kidney stones Pyelonephritis Colitis
Right Iliac	**Hypogastric**	**Left Iliac**
Ovarian Torsion Crohn's Disease Apendicitis	Cystitis PID Ectopic Pregnancy Testicular Torsion	Ovarian Torsion Ulcerative Col. Diverticulitis

McBurney's Point	2/3s from umbilicus to right ASIS
Murphy's Sign	Rt Costal Margin, Mid-Clavicular line • Pain on deep breath in
Rovsing's Sign	Pain in right iliac region upon palpation of left side
Virchow's Node	• Left supraclavicular node (enlarged) • Associated with gastric cancer

SPIDER NEVUS

Estrogen Metabolites

KAYSER-FLEISCHER

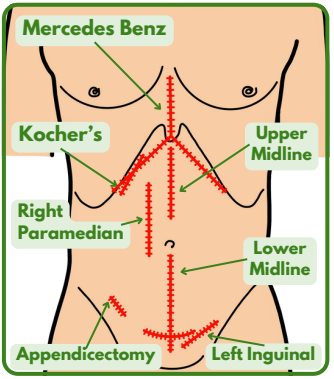


Copper Deposition

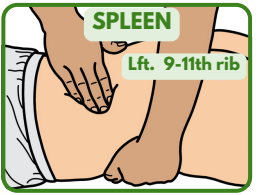
KOILONYCHIA

Iron Deficiency

INCISIONS/SCARS

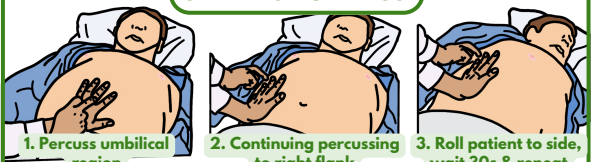


PALPATION



- Hernia exam
- DRE
- External genetalia

SHIFTING DULLNESS



SYMPTOMS	POTENTIAL Dx
Shock, guarding, rebound tenderess	Peritonitis
Severe intermittement RUQ pain (worse with fatty food)	Biliary Colic
Severe epigastric pain radiating to back	Pancreatits
Loin to groin pain (cannot lie still)	Renal colic
Distended tender abdomen (tinkling bowel sounds)	Bowel obstruction
Pain out of proprtion to exam	Acute mesenteric ischemia

1 SPECIFIC OBSERVATIONS

i) Weight loss or gain
ii) Behavior
iii) Clothing
iv) Hoarse voice
v) Pretibial myxoedema

2 HANDS

i) Thyroid acropachy (similar to clubbing)
ii) Onycholysis (nail bed detachment)
iii) Palmar erythema
iv) Radial pulse (rate, rhythm, amplitude)
v) Access for peripheral tremor
vi) Access for Pemberton's sign (arms above head)

3 FACE

i) Dry skin (hypothyroidism)
ii) Excessive sweating (hyperthyroidism)
iii) Eyebrow loss (outer ⅓ = hypothyroidism)

4 EYES

i) Lid retraction
ii) Exophthalmos (bulging eyes)
iii) Movement ("H")
iv) Lid lag

5 THYROID

i) General inspection (midline, masses, scars)
ii) Swallow assessment
iii) Tongue protrusion
iv) Palpation (size, symmetry, consistency, mass)
v) Auscultation (bell → bruit)
vi) Percuss sternum (retrosternal dullness)

6 LYMPH NODES

i) Cervical lymphadenopathy

- Submental
- Submandibular
- Pre-auricular
- Post-auricular
- Superficial cervical
- Deep cervical
- Posterior cervical
- Supraclavicular

7 REFLEXES & MYOPATHY

i) Biceps & knee jerk
ii) Proximal myopathy

HYPOTHYROID

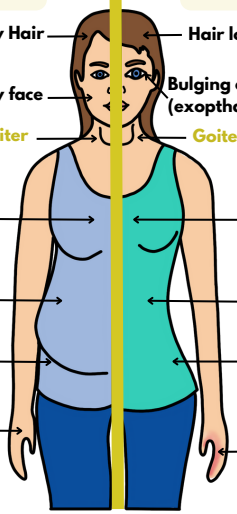
↓ T3 & T4
↑ TSH

Cold intolerance

HYPERTHYROID

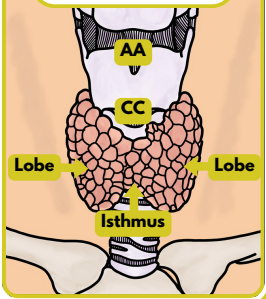
↑ T3 & T4
↓ TSH

Heat intolerance



PALPATION

1. Stand behind patient (with chin tilted down)
2. Place 3 fingers of each hand along midline of neck
3. Locate upper edge of thyroid cart. (Adam's Apple: AA)
4. Move fingers down to reach cricoid cartilage (CC)
5. Palpate isthmus (midline) & each lobe (laterally)
6. Ask patient to swallow, then to protrude their tongue



SYMPTOMS	POTENTIAL Dx
Soft & Diffusely Enlarged	Grave's Disease
Firm, diffusely enlarged, slighly tender	Hashimoto's Thyroiditis
Firm, singular nodules	Malignancy
Multinodular goitre	Iodine Deficiency

DIA

1 INSPECTION

i) Peripheral cyanosis & pallor
ii) Ulcers (diabetic, venous, arterial)
iii) Gangrene, scars, hair loss
iv) Foot deformities (i.e. Charcot)
v) Footwear (soles, size, materials)

2 PALPATION

i) Temperature
ii) Pulses (posterior tibial & dorsalis pedis)

3 SENSATION

i) Monofilament (pressure points - see next page)
ii) Vibration (128Hz tuning fork)
iii) Proprioception (access joint position)

4 GAIT

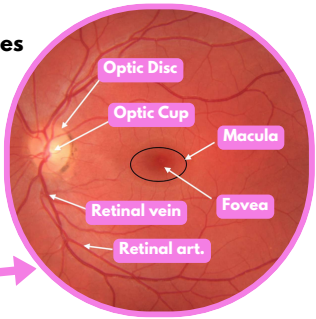
i) Pattern & abnormalities
ii) Speed, stance, steps, turning

5 REFLEXES

i) Ankle-jerk (S1)

6 FURTHER TESTS

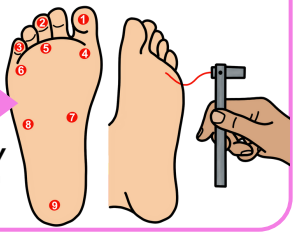
i) Fundoscopy
ii) HbA1c/Glucose



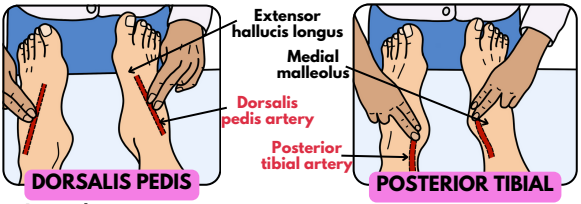
	HbA1c (%)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerence Test (mg/dL)
Diabetes	≥6.5	≥126	≥200
Pre-Diabetes	5.7 - 6.4	100 - 125	140 - 199
Normal	<5.7	≤99	≤139

MONOFILAMENT TESTING

1) Provide sensation to patient's sternum
2) Ask patient to close eyes
3) Apply monofilament to
4) Press aginst skin until monofilament bends slighly
5) Ask paitent to report when they feel the monofilament



PERIPHERAL PULSES



DORSALIS PEDIS
Lateral to extensor hallucis longus

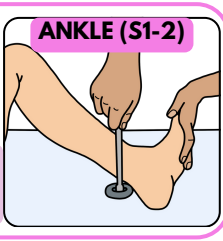
POSTERIOR TIBIAL
Posterior to medial malleolus

REFLEXES

KNEE (L3-4)

L3-4 = "Kick the Door!

ANKLE (S1-2)



S1-2= "Buckle my Shoe!"

FOOT ULCERS

DIABETIC

- Irregular, Red Granulation
- Sensory deficit

ARTERIAL

- Irregular punched out & Cold
- Weak pulse & pain

VENOUS

- Thick cylinidrical, Pink base & Warm
- Exudate & pain

DIA

SHLD

1 SPECIFIC OBSERVATIONS

i) Scars
ii) Muscle wasting
iii) Bruising
iv) Swelling
v) Symmetry of shoulder girdle
vi) Abnormal bony prominence

2 LOOK

i) Anterior inspection (symmetry, swelling, wasting)
ii) Lateral inspection (deltoid wasting, scars)
iii) Posterior inspection (trapezius, scapula, scoliosis)

3 FEEL

i) Temperature
ii) Palpate
- Swelling, bony abnormalities, tenderness

4 MOVE

i) Active movement (patient performs independently)
- Shoulder flexion & extension
- Shoulder ABduction & ADduction
- External & Internal rotation
- Scapular movement

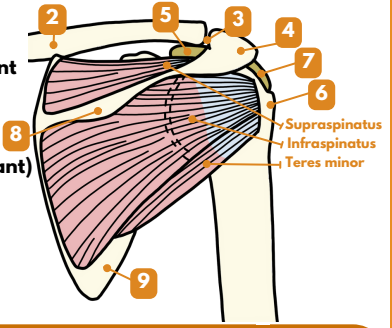
ii) Passive movement (controlled by examiner)
- Instruct same movements as above
- Look for restricted ROM, crepitus, pain

5 SPECIAL TESTS

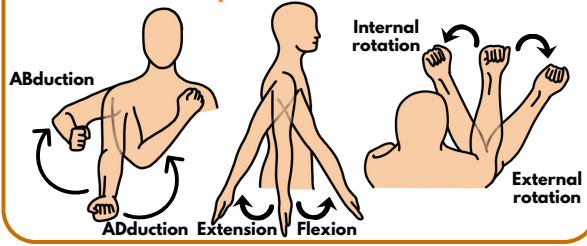
Push-Off Wall Test	Winged Scapula
Empty Can Test	Supraspinatus
Painful Arc Assessment	Supraspinatus Impingement
External Rotation Power	Infraspinatus & Teres Minor
Internal Rotation (Gerber's Lift-Off Test)	Subscapularis
Neer's Test & Hawkins Kennedy Test	Impingement Syndrome
Speed's Test	Biceps Tendonitis

PALPATION

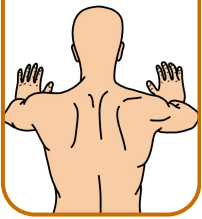
1. Sternoclavicular joint
2. Clavicle
3. AC joint
4. Acromion
5. Coracoid process (ant)
6. Head of humerus
7. Greater tubercle
8. Spine of scapula
9. Inf. border scapula



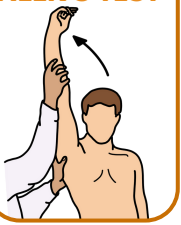
PASSIVE/ACTIVE MOVEMENT



PUSH-OFF

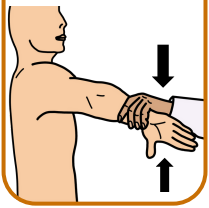


NEER'S TEST

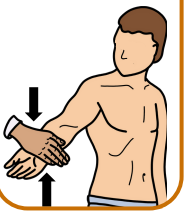


GERBER'S

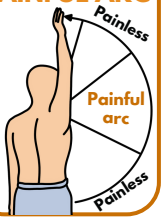
EMPTY-CAN



SPEED'S



PAINFUL ARC



SHLD

SPNE

1 SPECIFIC OBSERVATIONS

i) Scars
ii) Muscle wasting
iii) Bruising
iv) Swelling
v) Symmetry shoulders/hips/knees
vi) Abnormal bony prominence

2 LOOK

i) Anterior inspection (symmetry, posture, wasting)
ii) Lateral inspection (lordosis & kyphosis)
iii) Posterior inspection (alignment, wasting, hair)

3 GAIT

i) Access full gait cycle
- Symmetry & Turning
- Signs of discomfort

4 FEEL

i) Temperature
ii) Palpate
- Cervical spinal processes
- Thoracic/Lumbar spinal processes
- Paraspinal muscles (tenderness, spasms)

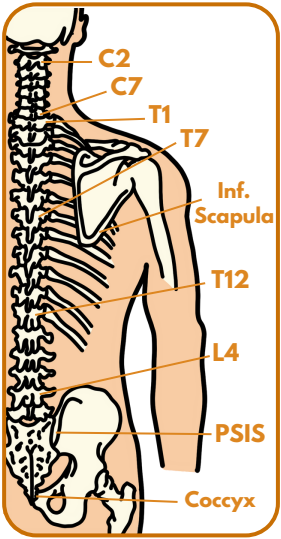
5 MOVE

i) Active movement (patient performs independently)
- Cervical Spine (flexion, extension, rotation)
- Thoracic Spine (rotation)
- Lumbar Spine (flexion, extension, lat flexion)

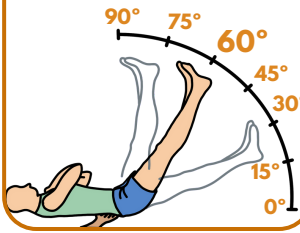
ii) Passive movement (controlled by examiner)
- Instruct same movements as above
- Look for restricted ROM, crepitus, pain

6 SPECIAL TESTS

Schober's Test	Restricted spinal flexion
Straight Leg Raise	Sciatic nerve irritation
Femoral Nerve Stretch Test	Femoral nerve irritation
Pelvic Distraction Test	Sacroiliac joint irritation

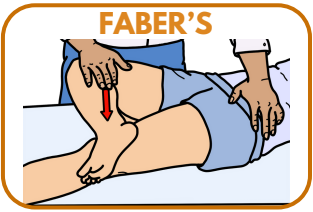


STRAIGHT LEG



PELVIC DISTRACTION

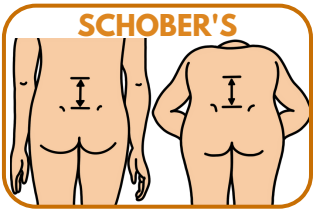
FABER'S



- Neurovascular exam
- Examine joints above & below
- Imaging

FEMORAL STRETCH

SCHOBER'S

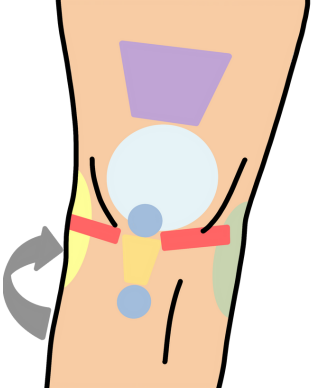


SPNE

SYMPTOMS

- Age 20-50
- Trauma significant for age
- Night pain/constant pain (non-mechanical)
- Chronic steroid use / immunocompromised
- Hx of osteoporosis
- Hx of malignancy
- IV drug use
- Red+hot+swollen joint with limited ROM

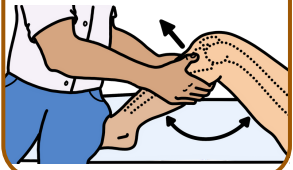
KNEE



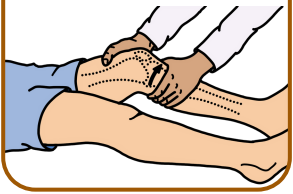
PALPATION

- Apophysitis
- Joint lines
- Patellar tendon
- Peripatellar pain
- Medial knee
- Lateral knee
- Quadriceps tendon
- Posterior knee

ANT. DRAWER TEST

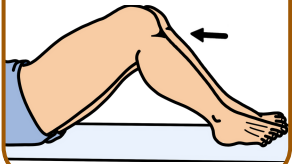


LACHMAN'S

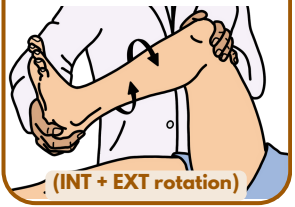


POST. DRAWER SIGN

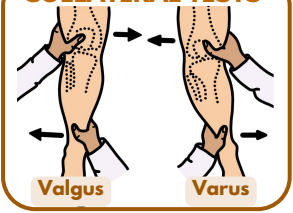
POST. SAG SIGN



MCMURRAY TEST



COLLATERAL TESTS



1 SPECIFIC OBSERVATIONS

i) Scars
ii) Muscle wasting
iii) Bruising
iv) Swelling
v) Symmetry shoulders/hips/knees
vi) Abnormal bony prominence

2 LOOK

i) Anterior inspection (varus/valgus, patellar position)
ii) Lateral inspection (extension/flexion abnormalities)
iii) Posterior inspection (popliteal swellings)

3 GAIT

i) Access full gait cycle
- Symmetry & Turning
- Signs of discomfort

4 FEEL

i) Temperature
ii) Palpate
- Quadricpes bulk
- Extended Knee (patella, medial/lateral joint lines)
- Flexed Knee (tibial tub, head of fib, popliteal fossa)

iii) Joint effusion (patellar tap & sweep test)

5 MOVE

i) Active movement (patient performs independently)
- Knee Flexion & Extension

ii) Passive movement (controlled by examiner)
- Instruct same movements as above
- Look for restricted ROM, crepitus, pain

6 SPECIAL TESTS

Posterior Sag Sign	PCL injury
Anterior/Posterior Draw Tests	ACL/PCL injury
Lachman's test	ACL injury
Collateral Ligament Tests	Medial & Lateral collateral ligaments
McMurray's Test	Medial & Lateral meniscus

KNEE

1 SPECIFIC OBSERVATIONS

i) Scars
ii) Muscle wasting
iii) Tremor
iv) Fasciculations
v) Chorea & Clonus
vi) Pronator Drift

2 TONE

i) Support patient's limb & ask them to relax
ii) Move each muscle group with varying velocity
iii) Access for spasticity, rigidity, hypotonia

3 POWER

i) Shoulder ABduction (C5) & ADduction (C6/7)
ii) Elbow Flexion (C5/6) & Extension (C7)
iii) Wrist Extension (C6) & Flexion (C6/7)
iv) Finger Extension (C7) & ABduction (T1)
v) Thumb Abduction (T1)

4 REFLEXES

i) Test Reflexes
- Biceps (C5/6)
- Brachioradialis (C5/6)
- Triceps (C7)

ii) See next page for grading chart

5 SENSATION

i) Dermatomes (C3 -T1)
- Light touch (dorsal columns & spinothalamic tract)
- Pin-prick sensation (spinothalamic tract)

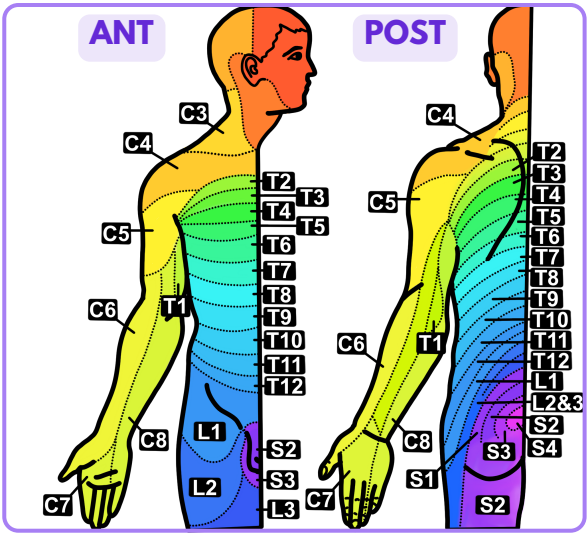
ii) Vibration
- Patient eyes closed & ask if they feel tuning fork on fingers 128-Hz

iii) Proprioception
- Hold distal phalanx by its sides & move thumb "upwards" & "downwards" with eyes closed

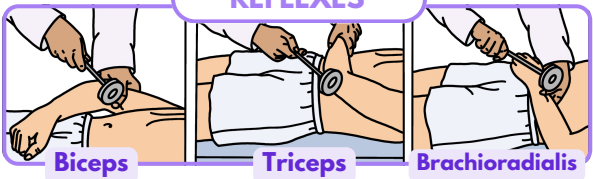
6 COORDINATION

i) Finger-to-Nose Test (dysmetria, intention tremor)
ii) Dysdiadochokinesia (alternating movements)

NEUR



REFLEXES



POWER GRADING

0	No contraction
1	Flicker of contraction
2	Active movement, no gravity
3	Active movement against gravity
4	Active movement against gravity and resistance
5	Normal power

REFLEX GRADING

0	Absent
1+	Hypoactive
2+	"Normal"
3+	Hyperactive WITHOUT clonus
4+	Hyperactive WITH clonus

NEUR

1 SPECIFIC OBSERVATIONS

i) Scars
ii) Muscle wasting
iii) Tremor
iv) Fasciculations
v) Chorea & Clonus
vi) Access Gait + Romberg's Test

2 TONE

i) Support patient's limb & ask them to relax
ii) Move each muscle group with varying velocity
iii) Access for spasticity, rigidity, hypotonia
iv) Ankle clonus (rapidly dorsiflex foot)

3 POWER

i) Hip Flexion (L1/2) & Extension (L5/S1/S2)
ii) Knee Flexion (S1) & Extension (L3/4)
iii) Ankle Dorsiflexion (L4/5) & Plantarflexion (S1/2)
iv) Big Toe Extension (L5)

4 REFLEXES

i) Test Reflexes
- Knee (L3/4)
- Ankle (S1)
- Plantar/Babinski (L5/S1)

ii) See grading on previous page

5 SENSATION

i) Dermatomes (L1 -S1)
- Light touch (dorsal columns & spinothalamic tract)
- Pin-prick sensation (spinothalamic tract)

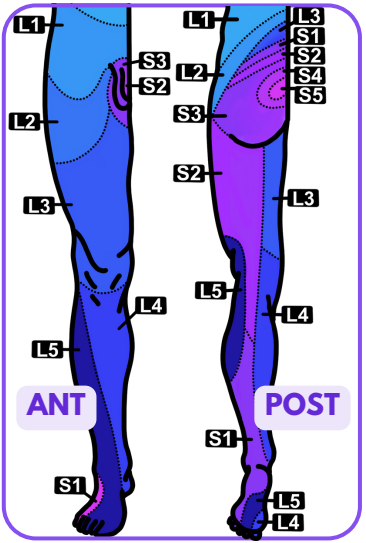
ii) Vibration
- Patient eyes closed & ask if they feel tuning fork on toes 128-Hz

iii) Proprioception
- Hold distal phalanx by its sides & move big toe "upwards" & "downwards" with eyes closed

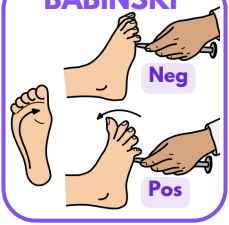
6 COORDINATION

i) Toe-to-Finger Test (dysmetria, intention tremor)
ii) Heel-to-Shin Test (lower limb ataxia = cerebellar)

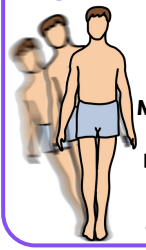
NEUR



BABINSKI



ROMBERG'S



1. Eyes closed
2. Maintain erect posture
3. Assess for 60s

- Full Neuro Examination
- Neuroimaging (i.e. MRI spine or head)

DYSDIADOCHOKINESIA

SYMPTOMS	POTENTIAL Dx
Fever, neck stiffness, altered mental status	Meningitis
Morning headaches, fatigue, cognitive dysfunction, N&V	Brain tumor
Unilateral pulsating pain, photophobia, N&V	Migraine Headache
Sudden onset "worst headache ever"	Subarachnoid hemmorage
Ascending paralysis	Gullian-Barre Syndrome
Contralateral motor & sensory deficets	Stroke (UMN lesion)
Resting tremor, rigidity, akinesia, shuffling gait	Parkinson's Disease

SPECIFIC OBSERVATIONS

i) Speech abnormailites
ii) Facial symmetry
iii) Eyelid abnormalities
iv) Pupillary abnormalities

I. OLFACTORY

i) Ask for recent changes in smell

II. OPTIC

i) Pupils (size, shape, symmetry)
ii) Visual Acuity (Snellen chart on back of guide)
iii) Pupillary reflex (direct & consensual, swinging light reflex, accommodation)
iv) Visual fields (cover eye & swap hands)
v) Fundoscopy (if warranted)

III. OCULOMOTOR/IV. TROCHLEAR/VI. ABDUCENS

i) Eyelids (i.e. ptosis) & palsies
ii) Eye movements (make "H" with pin)
iii) Strabismus (light reflex & cover test)

V. TRIGEMINAL

i) Facial Sensation (V1 forehead, V2 cheek, V3 jaw)
ii) Muscles of mastication (V3)
iii) Reflexes (jaw jerk & corneal)

VII. FACIAL

i) Ask if any changes in taste
ii) Muscles of facial expression

VIII. VESTIBULOCOCHLEAR

i) Gross hearing (whisper a number) 512-Hz fork
ii) Rinne's (mastoid process → ext. acoustic meatus)
iii) Weber's (midline forehead → ask for lateralization)

IX. GLOSSOPHARYNGEAL / X. VAGUS

i) Soft Palate & Uvula (say "ahh")
ii Ask patient to cough & perform swallow assessment

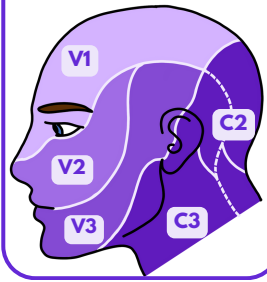
XI. ACCESSORY

i) Test trapezius (shrug) & sternoclemastoid (turn head)

XII. HYPOGLOSSSAL

i) Tongue (fasciculations, wasting, deviation)

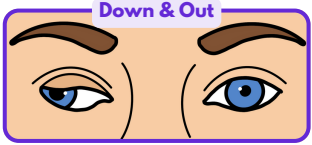
DERMATOMES



EYE PALSY

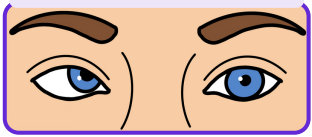
OCULOMOTOR (III)

Down & Out



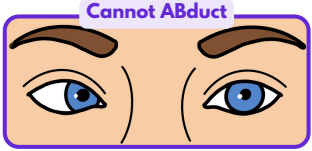
TROCHLEAR (IV)

Head tilt to AWAY from lesion



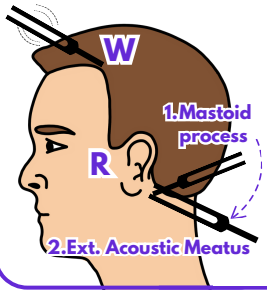
ABDUCENS (VI)

Cannot ABduct



WEBER'S TEST

Normal	Midline
Conductive	louder in affected ear
Sensorineural	louder in normal ear

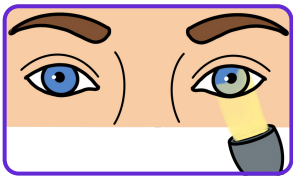


RINNE'S TEST

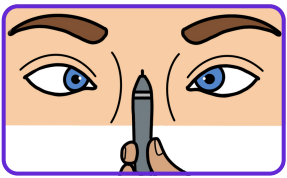
Normal	Air > Bone
Conductive	Bone > Air
Sensorineural	Air > Bone

ARGYLL ROBERTSON PUPIL

(late-stage syphilis, diabetes, multiple sclerosis)



Do NOT constrict to light



DO constrict when focused on near object

NEUR

MENTAL STATE EXAMINATION

1 OPENING THE CONSULTATION

i) Wash your hands and don PPE if appropriate
ii) Introduce yourself with name and role
iii) Confirm the patient's name and date of birth
iv) Explain that you'd like to have a chat to see how they're feeling
v) Gain consent to proceed with a mental state examination

2 APPEARANCE

i) Observe the patient's appearance

3 BEHAVIOR

i) Note how the patient engages and if there seems to be rapport
ii) Observe the patient's level of eye contact
iii) Observe the patient's facial expressions
iv) Observe the patient's body language
v) Identify any evidence of abnormal psychomotor activity
vi) Note any abnormal movements or postures

4 SPEECH

i) Note the rate and quantity of the patient's speech
ii) Note the tone and volume of the patient's speech
iii) Note the fluency and rhythm of the patient's speech

5 MOOD AND AFFECT

i) Explore the patient's current mood by asking appropriate questions
ii) Observe the patients affect

6 THOUGHT

i) Note the speed, flow, and coherence of the patient's thoughts
ii) Explore the content of the patient's thoughts for abnormalities
Ask about thought possession to screen for abnormalities

7 PERCEPTION

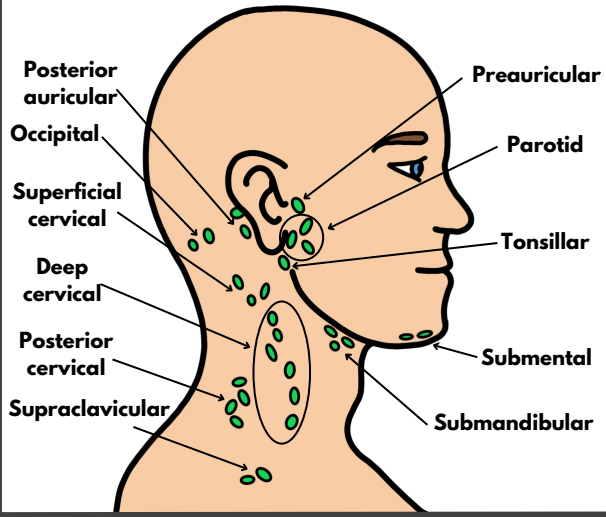
i) Explore the patient's current perception

8 COGNITION

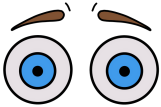
i) Formally assess the patient's cognition (ex. AMTS, MMSE, ACE-III)

MSE

LYMPH NODES OF HEAD & NECK



GLASCOW COMA (/15)

Behavior		Response
Eye Opening Response 	4	4. Spontaneously 3. To speech 2. To pain 1. No response
Verbal Response	5	5. Oriented to time, person, and place 4. Confused 3. Inappropriate words 2. Incomprehensible sounds 1. No response
Motor Response	6	6. Obeys command 5. Moves to localized pain 4. Flex to withdraw from pain 3. Abnormal flexion 2. Abnormal extension 1. No response

Hold chart 6ft away from patient's direct line of sight

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